

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: <u>11-21-96</u>		2 Serial/Patent # <u>08/327,092</u>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED						
<input type="checkbox"/>	Filing		\$						
<input type="checkbox"/>	Amendment		\$						
<input type="checkbox"/>	Extension of Time		\$						
<input type="checkbox"/>	Notice of Appeal/Appeal		\$						
<input checked="" type="checkbox"/>	Petition	<u>7</u>	<u>10-4-96</u> \$ <u>20.00</u>						
<input type="checkbox"/>	Issue		\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$						
<input type="checkbox"/>	Maintenance		\$						
<input type="checkbox"/>	Assignment		\$						
<input type="checkbox"/>	Other		\$						
		7 TOTAL AMOUNT OF REFUND \$ <u>20.00</u>							
		8 TO BE REFUNDED BY:							
		<input type="checkbox"/> Treasury Check							
		<input checked="" type="checkbox"/> Credit Deposit A/c #:							
		9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>1</td><td>1</td><td>--</td><td>1</td><td>5</td><td>3</td> </tr> </table>		1	1	--	1	5	3
1	1	--	1	5	3				
10 REASON:									
<input checked="" type="checkbox"/>	Overpayment								
<input type="checkbox"/>	Duplicate Payment								
<input type="checkbox"/>	No Fee Due (Explanation):								
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: <u>Daryl Smith</u>		TITLE: <u>UE</u>							
SIGNATURE: <u>[Signature]</u>		PHONE: <u>3059282</u>							
OFFICE: <u>Ofc. of Petitions</u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: <u>[Signature]</u>		DATE: <u>12-5-96</u>							

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**